

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005646 1. Entity Name PARKVIEW SOUTH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 810 11TH STREET SUITE 202 MIAMI BEACH, FL 33139 US	Mailing Address 810 11TH STREET SUITE 202 MIAMI BEACH, FL 33139 US
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DO NOT WRITE IN THIS SPACE

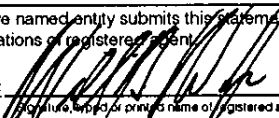


08212006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0462716	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WARREN JR., WILLIAM H. 810 11TH STREET SUITE 202 MIAMI BEACH, FL 33139
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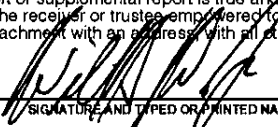
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)	DATE: 8/26/2006

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLONNA, VINCENT 810 11TH ST APT 100 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD FEIN, DAVID 810 11TH STREET, APT. 201 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN JR., WILLIAM H. 810 11TH STREET, SUITE 202 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEFOED, DIANE 810 11TH STREET #201 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/31/06-80003-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE:  (NOTE: Signature and typed or printed name of signing officer or director)	DATE: 8/26/2006 DAYTIME PHONE: 305-495-3972